



Customer Setup Form

Please complete and send to accounting@colewinlogistics.ca. All information contained in this application will remain confidential.

Company Name _____
Billing Address _____
City _____
Province / State _____
Postal / Zip Code _____
Country _____

Main Contact Name _____
Main Contact Phone # _____
Main Contact Email _____

A/P Contact Name _____
A/P Contact Phone # _____
A/P Contact Email _____

Payment Method *(Please indicate by placing an 'x'. Our preferred method is direct deposit.)*

Direct Deposit (Account Details to be provided)	
E-Transfer	
Wire	
Cheque	